BUREAU OF VI	BOARD OF HEALTH TAL STATISTICS TE OF DEATH TALSTATISTICS TE OF DEATH	
County District ? Township Primary Registration District ? City	1343.	
2. FULL NAME COLUMN CASE. (a) Besidence. No	Ward. (If nonresident give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE or	16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. 19. 19. 19. 19. 19. 19. 19	
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	Genth occurred, on the date stated above, stf	
7. AGE YEARS MONTHS DAYS If LESS than 1 day,	Curture Cork	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which emplayed (or employer)	CONTRIBUTORY (SECONDARY) (duration) yra mes da	
(c) Name of employer	18. Where was disease contracted	
9. BIRTHPLACE (CITY OR TOTAL) (STATE OR COUNTRY) 10. NAME OF FATHER WWW Orkles	IF NOT AT PLACE OF DEATH?	
11. BIRTHPIACE OF FATHER (CITY OR TOWN)	(Sidned) Jacknosisi, M. D. (Sidned) Jacknosisi,	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	*State the Dinham Causing Drate, or in deaths from Violett Causia, state (1) Means and Nature of Injury, and (2) whether Accordantal, Suicidal, or Homicidal. (See reverse side for additional space.)	
(Address) Bushes The	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19. DATE OF BURIAL 19. DATE OF BURIAL 20. UNDERTAKER ADDRESS	
FILE FILE TRANSPORTER	1 hone	

Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatyer, write None.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death). 29 ds.; Broncho-pneumonia (secondary), 10 ds. Nover report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sonile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uromia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tctanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicomia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

FOR MUST BE WRITTEN THIS SUPPLEMENTARY.	ON
60	

ALL INFORMATION CALLED

1. PLACE OF PEATH County Julian District Township Julian District Township Julian District Township Julian District Registration	F25-1/	60
2. FULL NAME CLANA CCh	les) :	Ward)
(a) Residence. No		
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (could the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)	N8 1976
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	39. Va	, 19, and that
7. AGE YEARS MONTHS DAYS II LESS than 1 day,	THE CAUSE OF DESTH* WAS AS FOLLOWS:	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(doration) yr	z
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATHY	
11. BIRTHPLACE OF FATHER (CITY OR TOTAL). (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	WAS THERE AN AUTOPSYT	
13. BIRTHPLACE OF MOTHER (CITY DO TOWN)	, 19 (Address) *State the Disnam Causing Death, or in deaths from Violent Causin, state (1) Means and Nature of Injury, and (2) whether Accidence Buicidal, or Homistoal. (See reverse side for additional space.)	
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Free 1910, 1926 AG Missell REGISTRAN	20. UNDERTAKER	ADDRESS

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(Approved by U. S. Census and American Public Health Association.)

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